

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
PHA 23408R

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,330,588, granted December 11, 2001, and for which a reissue patent is sought on the invention entitled VERIFICATION OF SOFTWARE AGENTS AND AGENT ACTIVITIES

the specification of which

is attached hereto.

was filed on _____ as reissue application number _____ / _____
and was amended on _____.
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

At least one apparatus claim and at least one method claim should have been filed with terms, supported by the specification, which convey and clarify the broad nature of the invention.

At least one apparatus claim and at least one method claim should have been filed with terms, supported by the specification, which convey more clearly the broad nature of the invention.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
PHA 23408R

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number
Michael E. Marion 32,266

Correspondence Address: Direct all communications about the application to:

Customer Number 24734 → Place Customer Number Bar Code Label here
OR Type Customer Number here

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)
MARTIN FREEMAN

Inventor's signature *Martin Freeman*

Residence Palo Alto, CA	Date
Mailing Address 4189 Donald Drive	Citizenship USA

Full name of second joint inventor (given name, family name)

Inventor's signature	Date
Residence	Citizenship

Mailing Address

Full name of third joint inventor (given name, family name)

Inventor's signature	Date
Residence	Citizenship

Mailing Address

Additional joint inventors are named on separately numbered sheets attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)

PHA 23408R

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)

Martin Freeman

Patent Number

6,330,588

Date Patent Issued

12/11/01

Title of Invention

VERIFICATION OF SOFTWARE AGENTS AND AGENT ACTIVITIES

1. Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

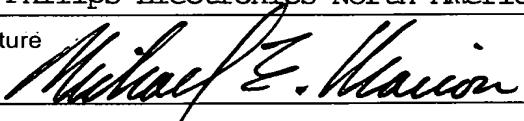
The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are _____, and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Philips Electronics North America Corporation

Signature



Date

11/3/03

Typed or printed name and title of person signing for assignee (if assigned)

Michael E. Marion
Authorized Signatory

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.